



**THE AMERICAN BOARD OF CARDIOVASCULAR PERFUSION  
 CLINICAL APPLICATIONS IN PERFUSION CASE RECORD  
 FOR CAPE EXAMINATION**

Use Case Categories from *Table A - CAPE Primary Clinical Perfusion Activities (CAPE-PCPA)*  
 (May use Computer to fill out form.)

Candidate's Name \_\_\_\_\_ Employer(s) \_\_\_\_\_

Home Address \_\_\_\_\_ Date of Employment \_\_\_\_\_

	DATE Month/Day/Year	NAME OF HOSPITAL	SURGEON	TYPE OF OPERATION	CASE CATEGORY
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

	<b>DATE</b> Month/Day/Year	<b>NAME OF HOSPITAL</b>	<b>SURGEON</b>	<b>TYPE OF OPERATION</b>	<b>CASE</b> <b>CATEGORY</b>
21					
22					
23					
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